

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

15757

FILED MAY-14 1953

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

4274

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. LENGTH OF STAY (In this place) 3 Days	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital			d. STREET ADDRESS (If rural, give location) 17 3838 Park Ave. Apt. 27 #0		
3. NAME OF DECEASED (Type or Print) Novel			a. (First) Hall	b. (Middle)	c. (Last)
4. DATE OF DEATH 4 25 1953	5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 7, 1900		9. AGE (In years last birthday) 53		10. MONTH 3	11. DAY 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Worker			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Mark Hall		
13b. MOTHER'S MAIDEN NAME Hetty Johnson			14. NAME OF HUSBAND OR WIFE Ruth Hall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 491-18-1408		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Hall			ADDRESS 3838 Park Ave.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH ONE DAY ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE 2 YEARS DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED 3 YEARS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SYPHILIS, TERTIARY 5 YEARS		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200 B	
22. I hereby certify that I attended the deceased from JAN 10, 1951, to APRIL 25, 1953, that I last saw the deceased alive on APRIL 25, 1953, and that death occurred at 7:30 P.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert A. Hall, M.D.			23b. ADDRESS 3902 LAFA YETTE ST. LOUIS, Mo.		23c. DATE SIGNED APRIL 26, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/27/1953		24c. NAME OF CEMETERY OR CREMATORY Henderson, Kentucky	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Smith and J. A. Howard			
DATE REC'D BY LOCAL REG. APR 27 1953		ADDRESS			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1373

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph A. Howard

Licensed Embalmer No. 4139

P. O. Address ST Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.